Pelham Parks and Recreation
6 Village Green, Pelham, NH 03076
Phone: (603) 635-2721
Email: recreation@pelhamweb.com

COUNSELOR IN TRAINING (CIT) APPLICATION

Please make sure to *fill out all portions* of this application in as much detail as possible. Return the form to the Parks and Recreation office with the two required letters of recommendation by May 30, 2026. Make sure to sign and have a parent or guardian sign the NH Youth Employment Certificate. Letters of recommendation can come from scout or church leaders, former employers, youth group leaders or coaches, teachers, school personnel, neighbors, etc. (not family members). You must be 14 or above by July 1, 2026! No exceptions to the age requirement for this program. Birth Certificate required.

PLEASE PRINT NEATLY:

Name: _____ Age: _____ (as of 7/01/26)

Full Address: _____

 Grad Year: _____ Cell: _____ T-shirt Size: _____

Email address: _____ DOB:_____

Volunteer at _____ Veterans PVMP 7/6-8/14/26 or _____ Tot Camp 7/09-8/13/26
PVMP is Mon-Fri 9:30am-3:30pm - Tot Camp at Raymond Park Tues/Thurs 9:45 am to 2:15 pm

1. Please list any clubs or organizations, if any, you may belong to:
   _____
   _____

2. Please list your favorite hobbies or activities:
   _____
   _____

3. Please list any training or certifications you may have received (First Aid, CPR, Babysitting Course): _____

4. What are some activities you might like to do this summer as a CIT?

   _____
   _____
   _____

5. Please list at least 3 references that we may contact on your behalf:

Name _____   Phone _____

Name _____   Phone _____

Name _____   Phone _____

This program is limited in the number of volunteers at PVMP camp and 2-4 at Tot Camp. There will be a selection process after all the applications have been received.

I have read and understand the information given to me regarding the CIT program and to the best of my knowledge the information stated in this application is true and accurate. The program is detailed on a separate page.

_____
Signature of Applicant

_____
Signature of Parent

Date: _____

Print Applicant Name: _____